

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09-889171		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/				51				
2		/		/			52				
3		/		/			53				
4		/		/			54				
5		4		/			55				
6		/	/				56				
7	/			/			57				
8		/		/			58				
9		/		/			59				
10		/		/			60				
11		②		①			61				
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44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	2		2				TOTAL IND.				
TOTAL DEP.	12		8				TOTAL DEP.				
TOTAL CLAIMS	14		10				TOTAL CLAIMS				

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